



<u>Alexander</u>

Tamms Correctional Center

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Name _Main Off	ice Address:	Rakesh Chandra, M.D. 200 Supermax Road, P.O. Box 400		Phone:	` ′	747-2042
		Tamms, IL 62988		Fax:	(618)) 747-2647
Services Provid	led:			Email:	(-).	Facilish Hindi Dartumasa
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(s):	English , Hindi , Portuguese
Treatment?	No	All treatment provider qualifications?	No	Licenses:		IL Medical License
Adult?	Yes	All evaluation provider qualifications?	No			
Juvenile?	No	All applicant attestation qualifications:	Yes			
Name Main Off	ice Address:	Katherine Clover 200 Supermax Road, P.O. Box 400 Tamms, IL 62988		Phone: Fax:) 747-2042) 747-2647
Services Provid	led:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:		IL LCSW
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name ₋ Main Off	ice Address:	Cheryl Couch 200 Supermax Road, P.O. Box 400 Tamms, IL 62988		Phone: Fax:) 747-2042) 747-2647
Services Provid	led:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:		IL LCSW
Adult?	Yes	All evaluation provider qualifications?	No			
Juvenile?	No	All applicant attestation qualifications:	Yes			
Name Main Off		Kelly Rhodes 200 Supermax Road, P.O. Box 400 Tamms, IL 62988		Phone: Fax: Email:	` ') 747-2042) 747-2647
Services Provid		Deviction Monte the following monte Conference		Language	(s)·	English
Evaluations?	Yes	Provider Meets the following qualifications:	NI-	Licenses:	(0).	IL LCP
Treatment? Adult?	No	All treatment provider qualifications?	No			
Juvenile ?	Yes No	All evaluation provider qualifications? All applicant attestation qualifications:	No			
Name Main Off		Jill Stevens	Yes	Phone:	(619)	747-2042
Name Iviain On	ice Address.	200 Supermax Road, P.O. Box 400 Tamms, IL 62988		Fax:		747-2647
Services Provid	led:			Email:		-
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(S):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:		IL LCPC
Adult?	Yes	All evaluation provider qualifications?	No			
Juvenile?	No	All applicant attestation qualifications:	Yes			

Christian

Graham Correctional Center

Name Main Offi		Sherry Kalicak P.O. Box 499 Hillsboro, IL 62049		Phone: (217) 532-6961 Fax: (217) 532-6533 Email:
Services Provide		5		Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications:		
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	No	All applicant attestation qualifications:	Yes	
Name Main Offi	ce Address:	Augustine O. Nwajei P.O. Box 499 Hillsboro, IL 62049		Phone: (217) 532-6961 Fax: (217) 532-6533
Services Provide	ed:	1 miobolo, 12 020-13		Email: snwajei@sbcglobal.net
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English , Ibo, Yoruba
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: M.A. Psychology
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	No	All applicant attestation qualifications:	Yes	





Christian

Taylorville Correctional Center

Name Main Off		Katherine Ingraham, LCSW,CSOTS P.O. Box 1000 Taylorville, IL 62568		Phone: Fax: Email:	(217) 824-4004 x5511 (217) 824-8075 katherine.ingraham@doc.illinois.gov
Evaluations? Treatment? Adult? Juvenile?	Yes Yes Yes No	Provider Meets the following qualifications: All treatment provider qualifications? All evaluation provider qualifications? All applicant attestation qualifications:	Yes Yes Yes	Language(Licenses:	s): English IL LCSW IL 149-011322, CSOTS #24941
Name Main Off		Timothy W. Lawrence P.O. Box 1000 Taylorville, IL 62568		Phone: Fax: Email:	(217) 824-4004 x5512 (217) 824-8075 tim.lawrence@doc.illinois.gov

Yes

Yes

Yes

Language(s):

Licenses:

English

IL LCPC #180-001855

Clinton

Evaluations?

Treatment?

Adult?

Juvenile?

Centralia Correctional Center

Yes

No

Name Main Off	ice Address:	B. Mark Aaron P.O. Box 1266 Centralia, IL 62801		Fax: (618	3) 533-4111 3) 533-4112
Services Provid	led:	56.mana, 12 5255 .		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LSW
Adult ?	Yes	All evaluation provider qualifications?	No		
lungonilo 2	No	All applicant attactation qualifications:	Voc		

Cook

Alternative Behavior Treatment Centers (ABTC)

Provider Meets the following qualifications:

All treatment provider qualifications?

All evaluation provider qualifications?

All applicant attestation qualifications:

Name _Main Off	ice Address:	Kenneth G. Queen 27255 N. Fairfield Road		Phone: (309) 852-3651 Fax: (309) 852-3515
Services Provid	led:	Mundelein, IL 60060		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: II LPC 178-004103
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name Main Off		Maxine Ross (IDOC) 2021 Kentville Road, P. O. Box 518 Kewanee, IL 61443		Phone: (309) 852-3651 Fax: (309) 852-3515 Email:
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	

East St. Louis Sex Offender Treatment Program

Name Main Off	ice Address:	Rodney Clossum, MA, LPC 10 Collinsville East St. Louis, IL 62201		•	318) 583-2040 318) 583-2053
Services Provid	led:	Last St. Louis, IL 02201		Email: ro	odney.clossum@doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	· ·
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCPC #178-002938
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile?	No	All applicant attestation qualifications:	Yes		





Cook

Illinois Department of Corrections (Special Needs Unit)

Name _Main Offi	ice Address:	Cathy Cassidy, MA, MS 3508 W. Grand Avenue		Phone: Fax:	. ,	292-2874 282-3442
Services Provide	ed:	Chicago, IL 60651		Email:	cathy	cassidy@doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment ?	Yes	All treatment provider qualifications?	No	Licenses:		
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile?	No	All applicant attestation qualifications:	Yes			
Name Main Offi	ice Address:	Rodney Clossum, MA, LPC		Phone:	(618)	583-2040
		3508 W. Grand Avenue		Fax:	(618)	583-2053
Services Provide	ed.	Chicago, IL 60651		Email:	rodne	ey.clossum@doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC #178-002938
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
		ter (IYC) - Chicago				
Name Main Offi	ice Address:	Rosa LaPietra		Phone:	(312)	633-5219
		136 N. Western Chicago, IL 60612-2222		Fax:		
Services Provide	ed:			Email:		ala@aol.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCP #071-004811, Diplomate in Sex Abuse
Adult ?	Yes	All evaluation provider qualifications?	Yes			Treatment - American Board Forensic Examiner
Juvenile?	Yes	All applicant attestation qualifications:	Yes			
Illinois Y	outh Cen	ter (IYC) - Joliet				
Name Main Offi		Larry Collins		Phone:	(815)	725-1206
		2848 W. McDonough Street		Fax:	. ,	725-7819
Services Provide	od:	Joliet, IL 60436		Email:	(/	
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	,	None
Adult ?	No	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name Main Offi		Steve Eisenberg	100	Phone:	(815)	725-1206
ranic main on	100 / (001000)	2848 W. McDonough Street		Fax:	. ,	725-7819
Camina Dunid		Joliet, IL 60436		Email:	. ,	senberg@aol.com
Services Provide		Drovider Moste the following qualifications		Language(English
Evaluations?	Yes	Provider Meets the following qualifications:	No	Licenses:	(0).	IL LCPC 180-004513
Treatment?	Yes	All treatment provider qualifications?	No No			12 23. 3 . 3 . 3 . 3 . 3 . 3
Adult ? Juvenile ?	Yes Yes	All evaluation provider qualifications? All applicant attestation qualifications:	No			
Name Main Offi		Dr. Heidi Harlow	Yes	Phone:	(915)	725-1206
Name Main Om	ice Address.	2848 W. McDonough Street		Fax:		725-7206
		Joliet, IL 60436		гах. Email:	(613)	125-1619
Services Provide				Language((c):	English
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses:	(3).	LCP
Treatment?	Yes	All treatment provider qualifications?	Yes	Licerises.		LOI
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		/a · - ·	
Name Main Offi	ice Address:	Robert Patrick, Psy.D. 2848 W. McDonough Street Joliet, IL 60436		Phone: Fax:	. ,	725-1206 725-7819
Services Provide	ed:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:		IL LCP-071-004690
Adult ?	No	All evaluation provider qualifications?	No			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			





Cook

Illinois Youth Center (IYC) - Warrenville

Name _Main Off	ice Address:	Nancy Andrews P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555		Phone: Fax:
Services Provid	led:			Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses: ATR-BC, LCSW
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name Main Off	ice Address:	Florence Boateng P.O. Box 828, 30 W. 200 Ferry Road		Phone: (630) 983-6231 Fax: (630) 983-3589
Services Provid	led:	Warrenville, IL 60555		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	No	All treatment provider qualifications?	No	Licenses:
Adult?	No	All evaluation provider qualifications?	No	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name _Main Off		Deborah Goss-Johnson P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555		Phone: (630) 983-6231 Fax: (630) 983-3589 Email:
Services Provid				Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications:	N1 -	Licenses: IL LSW #150-00850, Masters
Treatment?	No	All treatment provider qualifications?	No	Electrises.
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name Main Off		Robert V. Prescott, Ph.D. P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555		Phone: (630) 983-6231 Fax: (630) 983-3589
Services Provid	led:			Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: IL-LCP #071-004200
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Stateville	e - Northe	ern Reception & Classificat	ion C	Center (NRC)
Name Main Off		Charles R. Bartels 900 Ogden Avenue, Suite 214 Downers Grove, IL 60515		Phone: (815) 727-7801 Fax:
Services Provid	led:			Email:
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses:
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile?	No	All applicant attestation qualifications:	Yes	
Name Main Off	ice Address:	James Corcoran, M.D. 900 Ogden Avenue, Suite 214 Downers Grove, IL 60515		Phone: (630) 784-3898 Fax: (630) 784-3899
Services Provid	led:	2.2.2, 333.3		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English , Spanish
Treatment?	No	All treatment provider qualifications?	No	Licenses: IL Physician #036-088292, General Psychia
Adult ?	Yes	All evaluation provider qualifications?	Yes	Board Certification #41669, Forensic Psych Board Certification #0919
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Board Continuation #0010
Name Main Off	ice Address:	Dr. Richard lbe Route 53, P.O. Box 112 Joliet, IL 60434		Phone: (815) 727-6141 x457 Fax: (815) 727-1570
Services Provid	led:	•		Email: ribe@idoc.state.il.us
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: DABPS (Forensics)
	Voo	All evaluation provider qualifications?	No	
Adult ?	Yes	All evaluation provider qualifications:	INO	





DeKalb

Illinois Youth Center (IYC) - Warrenville

Name _Main Offi	ce Address:	Nancy Andrews P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555		Phone: Fax:	
Services Provide	ed:			Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:	ATR-BC, LCSW
Adult ?	Yes	All evaluation provider qualifications?	No		
Juvenile?	Yes	All applicant attestation qualifications:	Yes		
Name Main Office Services Provide		Florence Boateng P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555		,	983-6231 983-3589
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	
Adult ?	No	All evaluation provider qualifications?	No		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name _Main Office		Deborah Goss-Johnson P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555		Fax: (630)	983-6231 983-3589
Services Provide	ed:			Email:	Finite
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LSW #150-00850, Masters
Adult ?	No	All evaluation provider qualifications?	No		
Juvenile?	Yes	All applicant attestation qualifications:	Yes		
Name Main Office		Robert V. Prescott, Ph.D. P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555		, ,	983-6231 983-3589
Services Provide					English
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): Licenses:	IL-LCP #071-004200
Treatment?	No	All treatment provider qualifications?	No	Licenses.	IL-LGF #07 I-004200
Adult ?	No	All evaluation provider qualifications?	No		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		

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Alternative Behavior Treatment Centers (ABTC)

Name Main Off		Kenneth G. Queen 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (309) 852-3651 Fax: (309) 852-3515 Email:
Evaluations ? Treatment ?	Yes Yes	Provider Meets the following qualifications: All treatment provider qualifications?	Yes	Language(s): English Licenses: II LPC 178-004103
Adult?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name Main Off Services Provide		Maxine Ross (IDOC) 2021 Kentville Road, P. O. Box 518 Kewanee, IL 61443		Phone: (309) 852-3651 Fax: (309) 852-3515 Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	





DuPage

Illinois Youth Center (IYC) - St. Charles

Name ₋ Main Off	ice Address:	John M. Eppolito 3825 Campton Hills Road St. Charles, IL 60175		Phone: (630) 584-0506 Fax: (630) 513-0511
Services Provid	ed:	ot. Charles, in corre		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Γreatment?	No	All treatment provider qualifications?	No	Licenses: IL LCP
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name Main Off	ice Address:	Jolene Harbaugh		Phone: (630) 584-0506
		3825 Campton Hills Road		Fax: (630) 513-0511
Services Provid	ed.	St. Charles, IL 60175		Email: joleneharbaugh@doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
reatment?	No	All treatment provider qualifications?	No	Licenses: IL LCP #071-0062233
Adult?	No	All evaluation provider qualifications?	No	
luvenile ? Name _Main Off	Yes	All applicant attestation qualifications: Daniel J. Kozubal	Yes	Phone: (630) 584-0506 x266
varrie _iviairi Offi	ice Address.	3825 Campton Hills Road		` '
		St. Charles, IL 60175		Fax: (630) 513-0511
Services Provid				Email: kozubal@att.net
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Γreatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP #071-003041
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name Main Off	ice Address:	Jesse Sekey		Phone: (630) 584-0506
		3825 Campton Hills Road St. Charles, IL 60175		Fax: (630) 513-0511
Services Provid	ed:	St. Charles, IL 00173		Email:
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name _Main Off	ice Address:	Kevin Whitson		Phone: (630) 584-0506
		3825 Campton Hills Road		Fax: (630) 513-0511
Services Provid	od:	St. Charles, IL 60175		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
		• • • • • • • • • • • • • • • • • • • •	No	Licenses: IL LCP
Freatment ? Adult ?	No No	All treatment provider qualifications?	No	
	No You	All explicant attractation qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Illinois Y	outh Cen	ter (IYC) - Warrenville		
Name Main Off	ice Address:	Nancy Andrews		Phone:
		P.O. Box 828, 30 W. 200 Ferry Road		Fax:
Services Provid	ed:	Warrenville, IL 60555		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes	All treatment provider qualifications?	No	Licenses: ATR-BC, LCSW
Adult?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name Main Off		Florence Boateng	103	Phone: (630) 983-6231
Tarrio Ivialii Olli	100 / WW.1000.	P.O. Box 828, 30 W. 200 Ferry Road		Fax: (630) 983-3589
		Warrenville, IL 60555		Email:
Services Provid				
Evaluations?	Yes	Provider Meets the following qualifications:		
reatment?	No	All treatment provider qualifications?	No	Licenses:
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	



Name Main Office Address:

Sex Offender Management Board - IDOC Interim Approved Provider List By County



DuPage

Illinois Youth Center (IYC) - Warrenville

Name ₋ Main Offi	ce Address:	Deborah Goss-Johnson P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555		Fax: (63	0) 983-6231 0) 983-3589
Services Provide	ed:	•		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LSW #150-00850, Masters
Adult?	No	All evaluation provider qualifications?	No		
Juvenile?	Yes	All applicant attestation qualifications:	Yes		
Name Main Offi	ce Address:	Robert V. Prescott, Ph.D.		Phone: (63	0) 983-6231
Name Main Offi	ce Address:	P.O. Box 828, 30 W. 200 Ferry Road		`	0) 983-6231 0) 983-3589
Name Main Offi		•		`	,
		P.O. Box 828, 30 W. 200 Ferry Road		Fax: (63	,
Services Provide	ed:	P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555	No	Fax: (63) Email:	0) 983-3589
Services Provide Evaluations?	ed: Yes	P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555 Provider Meets the following qualifications:	No No	Fax: (636 Email: Language(s):	D) 983-3589 English

Phone: (815) 727-7801

Stateville - Northern Reception & Classification Center (NRC)

Charles R. Bartels

Juvenile?			Yes			
Adult ?	Yes No	All evaluation provider qualifications? All applicant attestation qualifications:	No			
Treatment?	No	All treatment provider qualifications?	No	Licenses:		DABPS (Forensics)
Evaluations?	Yes	Provider Meets the following qualifications:		Language(,	English
Services Provid	ded:	Joliet, IL 60434		Email:		idoc.state.il.us
Name Main Of	fice Address:	Dr. Richard Ibe Route 53, P.O. Box 112		Phone: Fax:	` ,	727-6141 x457 727-1570
Juvenile?	Yes	All applicant attestation qualifications:	Yes			200.0 00.000000000000000000000000000000
Treatment ? Adult ?	No Yes	All treatment provider qualifications? All evaluation provider qualifications?	No Yes	Licerises.		Board Certification #41669, Forensic Psychiatry Board Certification #0919
Evaluations?	Yes	Provider Meets the following qualifications:		Language(: Licenses:	,	English , Spanish IL Physician #036-088292, General Psychiatry
Services Provid	ded:	Downers Grove, IL 60515		Email:	. ,	
Name Main Of	fice Address:	James Corcoran, M.D. 900 Ogden Avenue, Suite 214		Phone: Fax:	` ,	784-3898 784-3899
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Adult ?	Yes	All evaluation provider qualifications?	No			
Treatment?	No	All treatment provider qualifications?	No	Licenses:		
Evaluations?	No	Provider Meets the following qualifications:		Language(s):	English
Services Provid	ded:	900 Ogden Avenue, Suite 214 Downers Grove, IL 60515		Fax: Email:		

Stateville Correctional Center

Name Main Off	ice Address:	Dr. Wendy Blank-Navarro Route 53, P.O. Box 112 Joliet, IL 60434		Fax: (630	0) 983-6231 0) 983-3589
Services Provid	led:	,		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LCP, #071-006119
Adult ?	No	All evaluation provider qualifications?	No		
Juvenile?	Yes	All applicant attestation qualifications:	Yes		
Name Main Off	ice Address:	Dr. Wayne H. Fink Route 53, P.O. Box 112 Joliet, IL 60434		Fax:	5) 727-3607 x5546
Services Provid	led:	30.00, 12 00 10 1		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LCP-#071-005384
Adult?	Yes	All evaluation provider qualifications?	Yes		
Juvenile?	No	All applicant attestation qualifications:	Yes		





Fayette

Vandalia Correctional Center

Name Main Off		James A. Kaganich, Psy.D. P.O. Box 500 Vandalia, IL 62471		Phone: (618) 283-4170 Fax: (618) 283-9147 Email:
Services Provid		Describes Manta that faller in a smallfination		Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications:		
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:
Adult?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	No	All applicant attestation qualifications:	Yes	
Name Main Off	ice Address:	Tiffany Pruett P.O. Box 500 Vandalia, IL 62471		Phone: (618) 283-4170 Fax:
Services Provid	led:	•		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: M.A. Counseling, Psy.D. Student
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile?	No	All applicant attestation qualifications:	Yes	

Henry

Alternative Behavior Treatment Centers (ABTC)

		•	-	
Name Main Offic		Kenneth G. Queen 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (309) 852-3651 Fax: (309) 852-3515 Email:
Services Provided	d:			
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: II LPC 178-004103
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name Main Offic	e Address:	Maxine Ross (IDOC)		Phone: (309) 852-3651
		2021 Kentville Road, P. O. Box 518 Kewanee, IL 61443		Fax: (309) 852-3515
Services Provided	d:	Newariee, IL 61443		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:
Adult?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	

Illinois Department of Juvenile Justice

Name Main Off	ice Address:	Laura Donavon DHS Division - P.O. Box 128 Oswego, IL 60548		•	(3) 682-4097 (6) 818-2444
Services Provid	led:	Oswego, IL 00348		Email: lau	ra.donavon@illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LCSW #149-012518, CADC #21694, CCJAP
Adult?	No	All evaluation provider qualifications?	No		#22336
Juvenile?	Yes	All applicant attestation qualifications:	Yes		
Name ₋ Main Off	ice Address:	Victor Kersey (IDOC) 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Fax: (30	5) 727-3607 x5575 9) 852-3515
Services Provid	led:	rowanos, iz or rio		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:	
Adult?	Yes	All evaluation provider qualifications?	No		
Juvenile?	Yes	All applicant attestation qualifications:	Yes		





Henry

Illinois Department of Juvenile Justice

Name _Main Office Address: Jeffrey P. L. Sim (309) 852-4601 Phone: 2021 Kentville Road, P.O. Box 518 (309) 852-3719 Fax: Kewanee, IL 61443 Email: jeff.sim@doc.illinois.gov Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCP #071-007028 Licenses: Treatment? Yes All treatment provider qualifications? Nο

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Jackson

Evaluations?

Treatment?

Yes

Yes

Illinois Youth Center (IYC) - Harrisburg

Name Main Office Address: Polly A. Basta Phone: (618) 252-8681 1201 W. Poplar, P.O. Box 300 Fax: (618) 252-4495 Harrisburg, IL 62946 Email: Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: MSW Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Nο All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Name Main Office Address: Phone: (618) 252-8681 x286 Peggy J. Belford 1201 W. Poplar, P.O. Box 300 Fax: (618) 252-4495 Harrisburg, IL 62946 Email: Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL-LCSW-#149-011314 Treatment? No All treatment provider qualifications? No Adult? Nο All evaluation provider qualifications? No Juvenile? All applicant attestation qualifications: Yes Yes Name Main Office Address: Phone: Carol Blackman (618) 252-8681 1201 W. Poplar, P.O. Box 300 Fax: Harrisburg, IL 62946 Email: Services Provided: English Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: LSW Treatment? No All treatment provider qualifications? No Adult? No Nο All evaluation provider qualifications? Juvenile? All applicant attestation qualifications: Yes Yes Name Main Office Address: Frank X. Kosmicki, Ph.D. (IDOC) Phone: (618) 252-8681 x286 1201 W. Poplar, P.O. Box 300 Fax: (618) 252-4495 Harrisburg, IL 62946 kosmicki@siu.edu Email: Services Provided:

Language(s):

Language(s):

Licenses:

No

English

English

IL LCP #071-006668

Adult? No All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes Name Main Office Address: Robyn A. Piche Phone: (618) 252-8681

Provider Meets the following qualifications:

All treatment provider qualifications?

1201 W. Poplar, P.O. Box 300 Fax: (618) 252-4495

Harrisburg, IL 62946 Email: Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC, AMRP, QMHP Treatment? No All treatment provider qualifications? No

Adult? No No All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes





Jackson

Illinois Youth Center (IYC) - Murphysboro

oo Addrooo:	Loolio K. Diorko		Dhono:	(610)) 684-8500 x2226
de Address.				` '	,
	•			(618)) 684-2919
ed:			Email:		
Yes	Provider Meets the following qualifications:		Language	e(s):	English
No	All treatment provider qualifications?	No	Licenses:		CADC
No	All evaluation provider qualifications?	No			
Yes	All applicant attestation qualifications:	Yes			
ce Address:	Donald E. Julian		Phone:	(618)) 684-8500
	636 Elza Brantley Drive		Fax:	(618)) 684-2919
ed:	Murphysboro, IL 62966		Email:		
Yes	Provider Meets the following qualifications:		Language	e(s):	English
Yes	• • • • • • • • • • • • • • • • • • • •	No	Licenses:		IL LCPC- #180-002483, CCJP
Yes	All evaluation provider qualifications?	No			
Yes	All applicant attestation qualifications:	Yes			
ce Address:	Mark A. Pearson, M.A.		Phone:	(618)) 684-8500
	•		Fax:		
ed.	Murphysboro, IL 62966		Email:		
	Provider Meets the following qualifications:		Language	e(s):	English
	• •	No	Licenses:		
	· ·				
	•				
	Yes No No Yes De Address: Yes Yes Yes Yes Yes	636 Elza Brantley Drive Murphysboro, IL 62966 de: Yes Provider Meets the following qualifications: No All treatment provider qualifications? No All evaluation provider qualifications? Yes All applicant attestation qualifications: Donald E. Julian 636 Elza Brantley Drive Murphysboro, IL 62966 de: Yes Provider Meets the following qualifications: Yes All evaluation provider qualifications? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: De Address: Mark A. Pearson, M.A. 636 Elza Brantley Drive Murphysboro, IL 62966 de: Yes Provider Meets the following qualifications: All treatment provider qualifications: All evaluation provider qualifications: No All treatment provider qualifications? All evaluation provider qualifications?	636 Elza Brantley Drive Murphysboro, IL 62966 Ad: Yes Provider Meets the following qualifications: No All treatment provider qualifications? No No All evaluation provider qualifications? No Yes All applicant attestation qualifications: Yes Donald E. Julian 636 Elza Brantley Drive Murphysboro, IL 62966 Ad: Yes Provider Meets the following qualifications: Yes All treatment provider qualifications? No Yes All evaluation provider qualifications: Yes All applicant attestation qualifications: Yes All applicant attestation qualifications: Yes All applicant attestation qualifications: Yes Provider Meets the following qualifications: Yes All All applicant attestation qualifications: Yes All All applicant attestation qualifications: Yes All All applicant attestation qualifications: No All treatment provider qualifications: No All treatment provider qualifications? No All evaluation provider qualifications?	636 Elza Brantley Drive Murphysboro, IL 62966 Yes Provider Meets the following qualifications: No All treatment provider qualifications? No All evaluation provider qualifications? No All applicant attestation qualifications: Yes Donald E. Julian 636 Elza Brantley Drive Murphysboro, IL 62966 Yes Provider Meets the following qualifications: Yes All treatment provider qualifications? Yes All evaluation provider qualifications? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications? Yes All applicant attestation qualifications: Yes Yes All applicant attestation qualifications: Yes Yes All applicant attestation qualifications:	636 Elza Brantley Drive Murphysboro, IL 62966 Yes Provider Meets the following qualifications: No All treatment provider qualifications? No All evaluation provider qualifications: No All applicant attestation qualifications: Yes Donald E. Julian 636 Elza Brantley Drive Murphysboro, IL 62966 Yes Provider Meets the following qualifications: Yes All treatment provider qualifications: Yes All evaluation provider qualifications: Yes All evaluation provider qualifications? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Yes Provider Meets the following qualifications: Yes All applicant attestation qualifications: Yes Provider Meets the following qualifications: All treatment provider qualifications: No All treatment provider qualifications? No All evaluation provider qualifications?

Jefferson

Big Muddy River Correctional Center

<i>5.9 </i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	borrectional denter		
Name Main Off	ice Address:	Mark S. Carich, Ph.D. (IDOC) P.O. Box 1000 Ina, IL 62846		Phone: (618) 437-5300 x340 Fax: (618) 437-5588
Services Provid	led:	ma, 12 02040		Email: mcarich@aol.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC 180-00487, LCPC - #178-002005,
Adult ?	Yes	All evaluation provider qualifications?	Yes	Clinical ATSA Member, IL-ATSA Member
Juvenile?	No	All applicant attestation qualifications:	Yes	
Name Main Off	ice Address:	Watson, MS Charles A.		Phone: (618) 437-5300
		P.O. Box 1000		Fax:
Services Provid	led:	Ina, IL 62846		Email:
Evaluations ?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	No	All treatment provider qualifications?	No	Licenses:
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile?	No	All applicant attestation qualifications:	No	
Name Main Off	ice Address:	Dorkowski, MA, LPC Gerard P.O. Box 1000		Phone: (618) 437-5300 Fax:
Services Provid	led:	Ina, IL 62846		Email: dobkowskig@yahoo.com
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: IL LPC
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile?	No	All applicant attestation qualifications:	No	
Name Main Off	ice Address:	Toni Isaacs P.O. Box 1000 Ina, IL 62846		Phone: (618) 927-4789 Fax: (618) 437-5703
Services Provid	led:	,		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	No	All applicant attestation qualifications:	Yes	





Jefferson

Big Muddy River Correctional Center

Name ₋ Main Off	fice Address:	Karen A. Kirschke, MS (IDOC) P.O. Box 1000		Phone: Fax:	` ') 437-5300 x336) 437-5883
Services Provid	ded:	Ina, IL 62846		Email:	, ,	
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC #180-004999
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name Main Off	fice Address:	Richelle Konczak, MA, LPC P.O. Box 1000 Ina, IL 62846		Phone: Fax:	` ') 437-5300) 437-5703
Services Provid	led:	111a, 1L 02040		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(s):	English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:		IL LPC
Adult?	Yes	All evaluation provider qualifications?	No			
Juvenile?	No	All applicant attestation qualifications:	Yes			
Name ₋ Main Off		Karen Spilman, MSW P.O. Box 1000 Ina, IL 62846		Phone: Fax: Email:	(618)) 437-5300 x337) 437-5703 s713@hotmail.com
Services Provid					•	English
Evaluations?	Yes	Provider Meets the following qualifications:		Language Licenses:	(5).	IL LCSW- #149-012022
Treatment?	Yes	All treatment provider qualifications?	Yes	Licerises.		IL LC3VV - #149-012022
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name Main Off	fice Address:	Angeline Stanislaus, M.D. (IDOC) P.O. Box 1000 Ina, IL 62846		Phone: Fax:	, ,) 437-5300
Services Provid	led:	ma, 12 02010		Email:	astar	nislaus@hotmail.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(s):	English , Malayalam , Tamil
Treatment?	No	All treatment provider qualifications?	No	Licenses:		IL #036-102686 & MO Licensed Physician,
Adult ?	Yes	All evaluation provider qualifications?	No			Board Certifications in General Psychiatry & Forensic Psychiatry
Juvenile ?	No	All applicant attestation qualifications:	Yes			1 Gronolo 1 Gyornatry
Name ₋ Main Off	fice Address:	Jessica Stover P.O. Box 1000 Ina, IL 62846		Phone: Fax:	, ,) 437-5300) 437-5883
Services Provid	led:	,		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCSW #149-013078
Adult?	Yes	All evaluation provider qualifications?	Yes			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			

<u>Jersey</u>

Illinois Youth Center (IYC) - Pere Marquette

Name Main Off		Jamie A. House 17808 State Highway 100 West Grafton, IL 62037		`	8) 786-2371 8) 786-3680
Services Provid	led:				
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LPC #178-003776
Adult?	Yes	All evaluation provider qualifications?	No		
Juvenile?	No	All applicant attestation qualifications:	Yes		



Email:



Johnson

Shawnee Correctional Center

 Name _Main Office Address:
 Kristin Hammersley
 Phone:
 (618) 658-8331

 6665 Route 146 East, P. O. Box 400
 Fax:
 (618) 658-4027

Vienna, IL 62995 Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? No All treatment provider qualifications? No Licenses: IL LCSW 149-009687

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Vienna Correctional Center

Name Main Office Address: Kristin E. Francis Phone: (618) 658-8371 x645

State Route 6695, Hwy 146E Fax: (618) 658-4069 Vienna, IL 62995

Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? No All treatment provider qualifications? No Licenses: IL LCSW #149-010126

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes

Kane

Juvenile?

Juvenile?

Alternative Behavior Treatment Centers (ABTC)

 Name Main Office Address:
 Kenneth G. Queen
 Phone:
 (309) 852-3651

 27255 N. Fairfield Road
 Fax:
 (309) 852-3515

Mundelein, IL 60060
Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: II LPC 178-004103

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name _Main Office Address: Maxine Ross (IDOC) Phone: (309) 852-3651

2021 Kentville Road, P. O. Box 518 Fax: (309) 852-3515 Kewanee, IL 61443

Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? No Licenses:

Adult? Yes All evaluation provider qualifications? No

Illinois Youth Center (IYC) - St. Charles

Yes

Yes

 Name Main Office Address:
 John M. Eppolito
 Phone:
 (630) 584-0506

 3825 Campton Hills Road
 Fax:
 (630) 513-0511

St. Charles, IL 60175
Services Provided:

St. Charles, IL 60175
Email:

All applicant attestation qualifications:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? No All treatment provider qualifications? No Licenses: IL LCP Adult? No All evaluation provider qualifications? No

Adult? No All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Name Main Office Address: Jolene Harbaugh Phone: (630) 584-0506
3825 Campton Hills Road Fax: (630) 513-0511

St. Charles, IL 60175

Services Provided:

St. Charles, IL 60175

Email: joleneharbaugh@doc.illinois.gov

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

All applicant attestation qualifications:

Treatment 2 No All treatment provider qualifications No Licenses: IL LCP #071-0062233

Treatment? No All treatment provider qualifications? No Licenses: IL LCP #0/1-0062233

Adult? No All evaluation provider qualifications? No

Yes

Yes





Kane

Illinois Youth Center (IYC) - St. Charles

Name _Main Office	ce Address:	Daniel J. Kozubal 3825 Campton Hills Road St. Charles, IL 60175		Phone: (630) 584-0506 x266 Fax: (630) 513-0511
Services Provide	ed:	G. G		Email: kozubal@att.net
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP #071-003041
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name Main Office	ce Address:	Jesse Sekey		Phone: (630) 584-0506
		3825 Campton Hills Road		Fax: (630) 513-0511
Services Provide	ed:	St. Charles, IL 60175		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name Main Office	ce Address:	Kevin Whitson		Phone: (630) 584-0506
		3825 Campton Hills Road		Fax: (630) 513-0511
Services Provide	ed:	St. Charles, IL 60175		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: IL LCP
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
		•		

Kendall

Illinois Youth Center (IYC) - St. Charles

Name Main Off	fice Address:	John M. Eppolito 3825 Campton Hills Road St. Charles, IL 60175		Phone: (630) 584-0506 Fax: (630) 513-0511
Services Provid	led:	5.1 5.1a.155, 1 <u>2</u> 55.1.5		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: IL LCP
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name Main Off		Jolene Harbaugh 3825 Campton Hills Road St. Charles, IL 60175		Phone: (630) 584-0506 Fax: (630) 513-0511 Email: joleneharbaugh@doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: IL LCP #071-0062233
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name Main Off		Daniel J. Kozubal 3825 Campton Hills Road St. Charles, IL 60175		Phone: (630) 584-0506 x266 Fax: (630) 513-0511 Email: kozubal@att.net
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP #071-003041
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name Main Off		Jesse Sekey 3825 Campton Hills Road St. Charles, IL 60175		Phone: (630) 584-0506 Fax: (630) 513-0511 Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	



No

Yes



Kendall

Illinois Youth Center (IYC) - St. Charles

Name _Main Office Address: Kevin Whitson Phone: (630) 584-0506 3825 Campton Hills Road (630) 513-0511 Fax: St. Charles, IL 60175 Email: Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCP Licenses: Treatment? Nο All treatment provider qualifications? Nο

All evaluation provider qualifications?

All applicant attestation qualifications:

Knox

Adult?

Juvenile?

Hill Correctional Center

No

Yes

Name Main Office Address: James E. Tiller, Ph.D. Phone: (309) 343-4212 600 Linwood Road, P.O. Box 327 Fax: (309) 344-8547 Galesburg, IL 61402 Email: Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP Treatment? All treatment provider qualifications? Yes Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Lake

Alternative Behavior Treatment Centers (ABTC)

Name Main Office Address: Kenneth G. Queen Phone: (309) 852-3651 27255 N. Fairfield Road Fax: (309) 852-3515 Mundelein, IL 60060 Email: Services Provided: Language(s): English Evaluations? Provider Meets the following qualifications: Yes II LPC 178-004103 Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Name _Main Office Address: Maxine Ross (IDOC) Phone: (309) 852-3651 2021 Kentville Road, P. O. Box 518 Fax: (309) 852-3515 Kewanee, IL 61443 Email: Services Provided: Language(s): English Evaluations? Provider Meets the following qualifications: Yes Licenses: Treatment? No Yes All treatment provider qualifications? Adult? All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Dixon Correctional Center

Name Main Offi	ce Address:	Elaine M. Bochenek, Psy.D. (IDOC) 2600 N. Brinton Avenue Dixon, IL 61021		Phone: (815) 288-5561 Fax: (815) 496-3465
Services Provide	ed:	2 %6, 12 0 102 1		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP, CADC
Adult?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	No	All applicant attestation qualifications:	Yes	
Name Main Offi	ce Address:	Nicolari, PsyD Deborah		Phone: (312) 213-2875
Name Main Offi	ce Address:	2600 N. Brinton Avenue		Phone: (312) 213-2875 Fax: (815) 288-1968
Name Main Offi				, , , , , , , , , , , , , , , , , , , ,
		2600 N. Brinton Avenue		Fax: (815) 288-1968 Email: drdnic@yahoo.com Language(s): English
Services Provide	ed:	2600 N. Brinton Avenue Dixon, IL 61021	No	Fax: (815) 288-1968 Email: drdnic@yahoo.com
Services Provide Evaluations?	ed: No	2600 N. Brinton Avenue Dixon, IL 61021 Provider Meets the following qualifications:	No No	Fax: (815) 288-1968 Email: drdnic@yahoo.com Language(s): English





Lake

Dixon Correctional Center

Name ₋ Main Off	fice Address:	James Matthew Finn 2600 N. Brinton Avenue Dixon, IL 61021		Phone: Fax:	` ,	288-5561 x3171 288-1968
Services Provid	led:	DIAGH, IE GTOZT		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s): E	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		L LCP #071-006549, Cognitive-Behaviora
Adult ?	Yes	All evaluation provider qualifications?	Yes		l	Therapy Certificate
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name Main Off	fice Address:	Philip A. Jorgensen, LCSW 2600 N. Brinton Avenue Dixon, IL 61021		Phone: Fax:	` ,	288-5561 288-1968
Services Provid	led:	,		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language(. ,	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	I	L LCSW, ACSW
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name _Main Off	fice Address:	Cheryl Price		Phone:	(815) 2	288-5561
		2600 N. Brinton Avenue		Fax:	(815) 2	288-1968
Services Provid	ded:	Dixon, IL 61021		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s): E	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	. ,	LICSW
Adult?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name Main Off			162	Dhener	(01E) C	000 5561
vame Main Off	rice Address:	Patricia A. Vickroy, Psy.D., LCP 2600 N. Brinton Avenue Dixon, IL 61021		Phone: Fax:	` ,	288-5561 288-1968
Services Provid	led:	,		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s): E	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	I	L LCP #071-006502
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name ₋ Main Off	fice Address:	Keith A. Vunesky 2600 N. Brinton Avenue Dixon, IL 61021		Phone: Fax:	(815) 2	288-5561 288-1968
Services Provid	led:	5,561, 12 61621		Email:	k_vune	esky@hotmail.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s): E	English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:		
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name Main Off Services Provid		Lawrence R. Weiner, Psy.D., CADC, MISA CCJAP 2600 N. Brinton Avenue Dixon, IL 61021	II,	Phone: Fax: Email:	(815) 2 larry.w	288-5561 x3166 288-1968 einer@doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(. ,	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	(CADC, MISA II, CCJAP
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name _Main Off	fice Address:	Melissa Winter, Psy.D.		Phone:	(815) 2	288-5561
		2600 N. Brinton Avenue		Fax:		288-1968
Services Provid	led:	Dixon, IL 61021		Email:		
Services Frovid Evaluations ?	Yes	Provider Meets the following qualifications:		Language((s): E	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	. ,	N/A
		All evaluation provider qualifications? All evaluation provider qualifications?			•	
Adult?	Yes	· ·	No			
Juvenile?	No	All applicant attestation qualifications:	Yes			





Lake

Illinois Department of Juvenile Justice

Name _Main Office	ce Address:	Laura Donavon DHS Division - P.O. Box 128 Oswego, IL 60548		Phone: Fax:	(773) 682- (866) 818-	
Services Provide	ed:	03W0g0, 12 00040		Email:	laura.dona	avon@illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): Eng	lish
Treatment?	No	All treatment provider qualifications?	No	Licenses:		CSW #149-012518, CADC #21694, CCJAP
Adult ?	No	All evaluation provider qualifications?	No		#22	330
Juvenile?	Yes	All applicant attestation qualifications:	Yes			
Name Main Office	ce Address:	Victor Kersey (IDOC) 2021 Kentville Road, P.O. Box 518		Phone:	` '	-3607 x5575
		Kewanee, IL 61443		Fax:	(309) 852	-3515
Services Provide	ed:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): Eng	lish
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:		
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			
Name Main Office	ce Address:	Jeffrey P. L. Sim		Phone:	(309) 852-	-4601
		2021 Kentville Road, P.O. Box 518		Fax:	(309) 852-	-3719
Services Provide	ed:	Kewanee, IL 61443		Email:	jeff.sim@d	doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): Eng	lish
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:	IL L	CP #071-007028
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			

LaSalle

Anmat Consulting

Name Main Office Address: Services Provided:		Ilyse Grinberg, PsyD		Phone:	(847) 738-0022		
		946 Great Plain Ave, #197		Fax:	(781) 449-4578		
		Needham, MA 02492		Email:	: ilysegrin76@gmail.com		
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English		
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LCP, Certified Domestic Violence Counselor		
Adult?	Yes	All evaluation provider qualifications?	No				
Juvenile?	No	All applicant attestation qualifications:	Yes				
Sheridan Correctional Center							

Sheridan Correctionai Centei

Name Main Off Services Provide		Briget Lanktree 4017 E. 2603 Road Sheridan, IL 60551		Phone: (815) 496-2181 Fax: (815) 496-3465 Email: brigetlanktree@yahoo.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: IL LCP - #071-007180
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile?	No	All applicant attestation qualifications:	Yes	
Name Main Off	ice Address:	Trentyn Lapp, MA, LCPC 4017 E. 2603 Road Sheridan, IL 60551		Phone: (815) 496-2181 x2354 Fax: (815) 496-3920
Services Provid	led:			Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: IL LCPC
Adult?	Yes	All evaluation provider qualifications?	No	



SOMB Sex Offender Management Board - IDOC Interim Approved Brouder 11 **Interim Approved Provider List By County**



<u>Lee</u>

Dixon Correctional Center

Name ₋ Main Off	ice Address:	Elaine M. Bochenek, Psy.D. (IDOC) 2600 N. Brinton Avenue Dixon, IL 61021			(815) 288-5561 (815) 496-3465
Services Provid	led:	DIXON, IE 01021		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCP, CADC
Adult?	Yes	All evaluation provider qualifications?	Yes		
Juvenile?	No	All applicant attestation qualifications:	Yes		
Name Main Off	ice Address:	Nicolari, PsyD Deborah 2600 N. Brinton Avenue			312) 213-2875 815) 288-1968
Services Provid	led:	Dixon, IL 61021			drdnic@yahoo.com
Evaluations?	No No	Provider Meets the following qualifications:		Language(s	
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:	IL LCP #071-007364
Adult?	Yes	• •	No		
		All evaluation provider qualifications?			
Juvenile ?	No	All applicant attestation qualifications:	Yes	Dhono: /	(915) 299 5561 v2171
Name ₋ Main Off	ice Address:	James Matthew Finn 2600 N. Brinton Avenue			(815) 288-5561 x3171
		Dixon, IL 61021			815) 288-1968
Services Provid	led:			Email:) Factoria
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s	-
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCP #071-006549, Cognitive-Behavioral Therapy Certificate
Adult?	Yes	All evaluation provider qualifications?	Yes		merapy Certificate
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name Main Off	ice Address:	Philip A. Jorgensen, LCSW		Phone: ((815) 288-5561
		2600 N. Brinton Avenue		Fax: ((815) 288-1968
Services Provid	led:	Dixon, IL 61021		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LCSW, ACSW
Adult ?	Yes	All evaluation provider qualifications?	No		
Juvenile ?	No	All applicant attestation qualifications:	Yes		
Name Main Off		Cheryl Price	100	Phone: (815) 288-5561
Tarrio Ividiri Off	100 / 100/1000.	2600 N. Brinton Avenue			(815) 288-1968
		Dixon, IL 61021		Email:	010/200-1900
Services Provid)· English
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English IL LCSW
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LUSVV
Adult ?	Yes	All evaluation provider qualifications?	No		
Juvenile?	No	All applicant attestation qualifications:	Yes		
Name Main Off	ice Address:	Patricia A. Vickroy, Psy.D., LCP 2600 N. Brinton Avenue			(815) 288-5561 (815) 288-1968
Services Provid	led:	Dixon, IL 61021		Email:	
Services Provid Evaluations ?		Provider Mosts the following qualifications:		Language(s): English
Evaluations ? Treatment ?	Yes No	Provider Meets the following qualifications:	No	Licenses:	IL LCP #071-006502
		All treatment provider qualifications? All evaluation provider qualifications?			
Adult ?	Yes		No		
Juvenile ?	No ioo Addrooo	All applicant attestation qualifications:	Yes	Dhorra: '	(04E) 200 EEC4
Name _Main Off	ice Address:	Keith A. Vunesky 2600 N. Brinton Avenue			(815) 288-5561
		Dixon, IL 61021			(815) 288-1968
Services Provid	led:	•			<_vunesky@hotmail.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:	
Adult?	Yes	All evaluation provider qualifications?	No		
Juvenile?	No	All applicant attestation qualifications:	Yes		





Lee

Dixon Correctional Center

Name _Main Off		Lawrence R. Weiner, Psy.D., CADC, MISA CCJAP 2600 N. Brinton Avenue Dixon, IL 61021	II,	Phone: (815) 288-5561 x3166 Fax: (815) 288-1968 Email: larry.weiner@doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: CADC, MISA II, CCJAP
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	No	All applicant attestation qualifications:	Yes	
Name Main Off	ice Address:	Melissa Winter, Psy.D. 2600 N. Brinton Avenue Dixon, IL 61021		Phone: (815) 288-5561 Fax: (815) 288-1968
Services Provid	led:	DIXON, IL OTOZT		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: N/A

No

Yes

All evaluation provider qualifications?

All applicant attestation qualifications:

Livingston

Adult?

Juvenile?

Dwight Correctional Center

Yes

No

Name Main Off		Patrick J. Horn, Ph.D. 23813 E. 3200 North Road Dwight, IL 60420		` ,	84-2806 x2237 84-3010
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): E	inglish
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: P	h.D., IL LCP
Adult ?	No	All evaluation provider qualifications?	Yes		
Juvenile?	Yes	All applicant attestation qualifications:	Yes		
Pontiac (Correction	nal Center			
Name _Main Off	fice Address:	Alton Angus		` ,	42-2816

Name _Main Off	ice Address:	Alton Angus 700 W. Lincoln, P.O. Box 99 Pontiac, IL 61764		Phone: (815) 842-2816 Fax: (815) 842-3420
Services Provid	led:			Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile?	No	All applicant attestation qualifications:	Yes	
Name Main Off	ice Address:	John Garlick, Psy.D. 700 W. Lincoln, P.O. Box 99 Pontiac, IL 61764		Phone: (815) 842-2816 x2452 Fax: (815) 842-3826
Services Provid	led:	r ortage, in orror		Email: john.garlick@doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses: IL- PsyD #071-004288; GA-Licensed
Adult ?	Yes	All evaluation provider qualifications?	No	Psychologist
Juvenile?	No	All applicant attestation qualifications:	Yes	

<u>Logan</u>

Lincoln Correctional Center

Name Main Off	ice Address:	Marian Dionne 1098 1350th Street, P. O. Box 549 Lincoln, IL 62656		Fax: (2 ⁻	17) 735-5581 x857 17) 735-4381
Services Provid	led:	Entodin, IE deddo		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LCPC
Adult ?	Yes	All evaluation provider qualifications?	No		
Juvenile?	No	All applicant attestation qualifications:	Yes		



Yes

Licenses:



Logan

Lincoln Correctional Center

Name _Main Office Address: Angela Stahl Phone: (217) 735-5411 1098 1350th Street, P. O. Box 549 (217) 735-5037 Fax:

Lincoln, IL 62656 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW, CADC, MISA II Treatment? Yes All treatment provider qualifications? Nο Adult? Yes All evaluation provider qualifications? No

Juvenile? No All applicant attestation qualifications: Logan Correctional Center

Name Main Office Address: Alex Dawson Phone: (217) 735-5581

1096 1350th Street, P.O. Box 1000 Fax: (217) 735-4807

Lincoln, IL 62656 Fmail: adawson@idoc.state.il.us Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: CADC Treatment? No All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? No Juvenile? All applicant attestation qualifications: Yes Nο

<u>Macon</u>

Decatur Correctional Center

Nο

Yes

Yes

Name Main Office Address: Sandra S. Walker Phone: (217) 877-0353

2310 E. Mound Road, P.O. Box 3066 (217) 876-0769 Fax: Decatur, IL 62524-2066

Email: Services Provided

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Treatment? No All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes

Madison

East St. Louis Sex Offender Treatment Program

Name _Main Office Address: Rodney Clossum, MA, LPC Phone: (618) 583-2040 10 Collinsville Fax: (618) 583-2053

East St. Louis, IL 62201

Email: rodney.clossum@doc.illinois.gov Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #178-002938 Treatment? Yes All treatment provider qualifications? Yes

Yes

Yes

Yes

Email:

Adult? Yes All evaluation provider qualifications? Yes

McHenry

Juvenile?

Juvenile?

Juvenile?

Alternative Behavior Treatment Centers (ABTC)

Name Main Office Address: (309) 852-3651 Kenneth G. Queen Phone: 27255 N. Fairfield Road Fax: (309) 852-3515

All applicant attestation qualifications:

Mundelein, IL 60060 Email:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: II LPC 178-004103 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

Name Main Office Address: Maxine Ross (IDOC) Phone: (309) 852-3651

2021 Kentville Road, P. O. Box 518 Fax: (309) 852-3515 Kewanee, IL 61443

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses:

Treatment? No Yes All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? No All applicant attestation qualifications:

All applicant attestation qualifications:





Mercer

Illinois Department of Juvenile Justice

Name _Main Office	ce Address:	Laura Donavon DHS Division - P.O. Box 128 Oswego, IL 60548		Phone: Fax:	(773) 682- (866) 818-	
Services Provide	ed:	03W0g0, 12 00040		Email:	laura.dona	avon@illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): Eng	lish
Treatment?	No	All treatment provider qualifications?	No	Licenses:		CSW #149-012518, CADC #21694, CCJAP
Adult ?	No	All evaluation provider qualifications?	No		#22	330
Juvenile?	Yes	All applicant attestation qualifications:	Yes			
Name Main Office	ce Address:	Victor Kersey (IDOC) 2021 Kentville Road, P.O. Box 518		Phone:	` '	-3607 x5575
		Kewanee, IL 61443		Fax:	(309) 852	-3515
Services Provide	ed:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): Eng	lish
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:		
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			
Name Main Office	ce Address:	Jeffrey P. L. Sim		Phone:	(309) 852-	-4601
		2021 Kentville Road, P.O. Box 518		Fax:	(309) 852-	-3719
Services Provide	ed:	Kewanee, IL 61443		Email:	jeff.sim@d	doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): Eng	lish
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:	IL L	CP #071-007028
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			

Montgomery

Graham Correctional Center

Name Main Office	ce Address:	Sherry Kalicak P.O. Box 499 Hillsboro, IL 62049		Phone: (217) 532-6961 Fax: (217) 532-6533
Services Provide	ed:			Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	No	All applicant attestation qualifications:	Yes	
Name Main Office	ce Address:	Augustine O. Nwajei P.O. Box 499 Hillshoro, II. 62049		Phone: (217) 532-6961 Fax: (217) 532-6533
Name Main Office Services Provide		,		, , , , , , , , , , , , , , , , , , , ,
		P.O. Box 499		Fax: (217) 532-6533
Services Provide	ed:	P.O. Box 499 Hillsboro, IL 62049	Yes	Fax: (217) 532-6533 Email: snwajei@sbcglobal.net
Services Provide Evaluations ?	ed: Yes	P.O. Box 499 Hillsboro, IL 62049 Provider Meets the following qualifications:	Yes Yes	Fax: (217) 532-6533 Email: snwajei@sbcglobal.net Language(s): English , Ibo, Yoruba

Morgan

Jacksonville Correctional Center

Name ₋ Main Offi		Donald E. Olendzki, MS 2268 W. Morton Jacksonville, IL 62650		Phone: (217) 245-1481 x256 Fax: (217) 245-9776
Services Provide	ed:			Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	No	All applicant attestation qualifications:	Yes	





Randolph

Menard Correctional Center

Name Main Offi	00 Addroom	Kimbarly K. Baakin, I. S.W.		Dhono: (61	0) 006 5074 20470
Name _iviain Om	ce Address:	Kimberly K. Baskin, LSW P.O. Box 711		Phone: (61 Fax:	8) 826-5071 x2170
		Menard, IL 62259			
Services Provide	ed:			Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LCSW #150-008548
Adult?	Yes	All evaluation provider qualifications?	No		
Juvenile?	No	All applicant attestation qualifications:	Yes		
Name Main Offi	ce Address:	William C. Holz, Ph.D.		Phone: (61	8) 826-5071
		P.O. Box 711		Fax: (61	8) 826-2782
Services Provide	ed:	Menard, IL 62259		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL Clinical Psychologist #071-003175
Adult ?	Yes	All evaluation provider qualifications?	No		
Juvenile?	No	All applicant attestation qualifications:	Yes		
Name _Main Offi	ce Address:	Mary Helen McGreevy, Psy.D., CADC		Phone: (61	8) 826-5071 x2170
		P.O. Box 711		Fax: (61	8) 826-5140
Services Provide	ed:	Menard, IL 62259		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LCP #71-005683, MO #2003025248, CADC
Adult?	Yes	All evaluation provider qualifications?	No		#15231
Juvenile?	No	All applicant attestation qualifications:	Yes		
Name Main Offi	ce Address:	Joseph D. Phillips, LCSW		Phone: (61	8) 826-5071 x2170
		P.O. Box 711		Fax:	
Services Provide	ed:	Menard, IL 62259		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LCSW #149-002740
Adult ?	Yes	All evaluation provider qualifications?	No		
Juvenile?	No	All applicant attestation qualifications:	Yes		
ine					

Saline

Illinois Youth Center (IYC) - Harrisburg

Name Main Off	fice Address:	Polly A. Basta 1201 W. Poplar, P.O. Box 300		Phone: Fax:	` ') 252-8681) 252-4495	
Services Provid	ded:	Harrisburg, IL 62946		Email:	(010)	, 202 4400	
Evaluations?	Yes	Provider Meets the following qualifications:		Language	e(s):	English	
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		MSW	
Adult ?	No	All evaluation provider qualifications?	Yes				
Juvenile?	Yes	All applicant attestation qualifications:	Yes				
Name Main Off	fice Address:	Peggy J. Belford 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946		Phone: Fax:	` ') 252-8681 x286) 252-4495	
Services Provid	ded:	Hamsburg, IL 02940		Email:			
Evaluations?	Yes	Provider Meets the following qualifications:		Language	e(s):	English	
Treatment?	No	All treatment provider qualifications?	No	Licenses:		IL-LCSW-#149-011314	
Adult ?	No	All evaluation provider qualifications?	No				
Juvenile?	Yes	All applicant attestation qualifications:	Yes				
Name Main Off	fice Address:	Carol Blackman 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946		Phone: Fax:	(618)) 252-8681	
Services Provid	ded:	Halfisburg, IL 02040		Email:			
Evaluations?	Yes	Provider Meets the following qualifications:		Language	e(s):	English	
Treatment?	No	All treatment provider qualifications?	No	Licenses:		LSW	
Adult ?	No	All evaluation provider qualifications?	No				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				





Saline

Illinois Youth Center (IYC) - Harrisburg

Name ₋ Main Offi	ce Address:	Frank X. Kosmicki, Ph.D. (IDOC) 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946		Phone: Fax:	(618)	252-8681 x286 252-4495
Services Provide	ed:	Tamobarg, 12 020 to		Email:	kosm	icki@siu.edu
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(s):	English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:		IL LCP #071-006668
Adult ?	No	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name Main Offi	ce Address:	Robyn A. Piche		Phone:	(618)	252-8681
		1201 W. Poplar, P.O. Box 300		Fax:	(618)	252-4495
Services Provide	ed·	Harrisburg, IL 62946		Email:		
Evaluations ?	Yes	Provider Meets the following qualifications:		Language	(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	` ,	IL LCPC, AMRP, QMHP
Adult?	No	All evaluation provider qualifications?	No			
Juvenile ?						
	Yes	All applicant attestation qualifications:	Yes			
Tamms C	orrection	nal Center				
Name Main Offi	ce Address:	Rakesh Chandra, M.D.		Phone:	(618)	747-2042
		200 Supermax Road, P.O. Box 400		Fax:	(618)	747-2647
Services Provide	ed:	Tamms, IL 62988		Email:		
Evaluations ?	Yes	Provider Meets the following qualifications:		Language	(s):	English , Hindi , Portuguese
Treatment?	No	All treatment provider qualifications?	No	Licenses:		IL Medical License
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name Main Offi		Katherine Clover		Phone:	(618)	747-2042
rano man om		200 Supermax Road, P.O. Box 400		Fax:	` ,	747-2647
0	1	Tamms, IL 62988		Email:	(0.0)	
Services Provide		Describes Manta the Callestine world as Cana		Language	(s)·	English
Evaluations?	Yes	Provider Meets the following qualifications:	NI.	Licenses:	(0).	IL LCSW
Treatment?	No	All treatment provider qualifications?	No	Liconocc.		12 20011
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes		(0.10)	7.17.00.10
Name Main Offi	ce Address:	Cheryl Couch 200 Supermax Road, P.O. Box 400		Phone:	. ,	747-2042
		Tamms, IL 62988		Fax:	(618)	747-2647
Services Provide	ed:	,		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:		IL LCSW
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name Main Offi	ce Address:	Kelly Rhodes		Phone:	(618)	747-2042
		200 Supermax Road, P.O. Box 400		Fax:	(618)	747-2647
Services Provide	ed:	Tamms, IL 62988		Email:		
Evaluations ?	Yes	Provider Meets the following qualifications:		Language	(s):	English
Treatment ?	No	All treatment provider qualifications?	No	Licenses:		IL LCP
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name Main Offi		Jill Stevens	100	Phone:	(618)	747-2042
a.i.o ividiii Oili		200 Supermax Road, P.O. Box 400		Fax:		747-2647
0	1	Tamms, IL 62988		Email:	(010)	
Services Provide					(e)·	English
Evaluations ?	Yes	Provider Meets the following qualifications:		Language	(3).	•
Treatment?	No	All treatment provider qualifications?	No	Licenses:		IL LCPC
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile?	No	All applicant attestation qualifications:	Yes			





Scott

Illinois Department of Juvenile Justice

Name _Main Office	ce Address:	Laura Donavon DHS Division - P.O. Box 128		` ') 682-4097) 818-2444
Services Provide	ed:	Oswego, IL 60548		, ,	.donavon@illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL LCSW #149-012518, CADC #21694, CCJAP
Adult?	No	All evaluation provider qualifications?	No		#22336
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name Main Office	ce Address:	Victor Kersey (IDOC)		Phone: (815)	727-3607 x5575
		2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Fax: (309)	852-3515
Services Provide	ed:	Rewallee, IL 01443		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:	
Adult ?	Yes	All evaluation provider qualifications?	No		
Juvenile?	Yes	All applicant attestation qualifications:	Yes		
Name Main Office	ce Address:	Jeffrey P. L. Sim		Phone: (309)	852-4601
		2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Fax: (309)	852-3719
Services Provide	ed:	Rewariee, IL 01443		Email: jeff.si	im@doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:	IL LCP #071-007028
Adult ?	Yes	All evaluation provider qualifications?	No		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		

St. Clair

East St. Louis Sex Offender Treatment Program

Name Main Off	fice Address:	Rodney Clossum, MA, LPC		Phone: (6	618) 583-2040
		10 Collinsville		Fax: (6	618) 583-2053
Services Provid	ded:	East St. Louis, IL 62201		Email: ro	odney.clossum@doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s):	: English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCPC #178-002938
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile?	No	All applicant attestation qualifications:	Yes		

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Illinois Youth Center (IYC) - Murphysboro

Name Main Office A	Address:	Leslie K. Dierks 636 Elza Brantley Drive Murphysboro, IL 62966		Fax:	` ,	84-8500 x2226 84-2919
Services Provided:		, , , , , , , , , , , , , , , , , , , ,		Email:		
Evaluations? Y	'es	Provider Meets the following qualifications:		Language(s	s): E	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	C	CADC
Adult?	No	All evaluation provider qualifications?	No			
Juvenile? Y	'es	All applicant attestation qualifications:	Yes			
Name _Main Office A		Donald E. Julian 636 Elza Brantley Drive Murphysboro, IL 62966		Fax:	` ,	84-8500 84-2919
Services Provided:		• •		Email:		
Evaluations? Y	'es	Provider Meets the following qualifications:		Language(s	,	English
Treatment? Y	'es	All treatment provider qualifications?	No	Licenses:	II	L LCPC- #180-002483, CCJP
Adult? Y	'es	All evaluation provider qualifications?	No			
Juvenile? Y	'es	All applicant attestation qualifications:	Yes			



Yes



Union

Illinois Youth Center (IYC) - Murphysboro

Name _Main Offi	ce Address:	Mark A. Pearson, M.A. 636 Elza Brantley Drive Murphysboro, IL 62966		Fax:	(618) 684-8500
Services Provide	ed:	• •		Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s	s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses:	
Adult?	No	All evaluation provider qualifications?	No		

All applicant attestation qualifications:

Whiteside

Juvenile?

Yes

Alternative Behavior Treatment Centers (ABTC)

Name Main Offi	ce Address:	Kenneth G. Queen 27255 N. Fairfield Road		Phone: (309) 852-3651 Fax: (309) 852-3515
Services Provide	ed:	Mundelein, IL 60060		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: II LPC 178-004103
Adult?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name Main Offi		Maxine Ross (IDOC) 2021 Kentville Road, P. O. Box 518 Kewanee, IL 61443		Phone: (309) 852-3651 Fax: (309) 852-3515 Email:
Services Provide	ed:			
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	

Illinois Department of Juvenile Justice

	epai unei	it of Juvelille Justice		
Name _Main Office	ce Address:	Laura Donavon DHS Division - P.O. Box 128 Oswego, IL 60548		Phone: (773) 682-4097 Fax: (866) 818-2444
Services Provide	ed:	•		Email: laura.donavon@illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: IL LCSW #149-012518, CADC #21694, CCJAP #22336
Adult?	No	All evaluation provider qualifications?	No	#22330
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name Main Office		Victor Kersey (IDOC) 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: (815) 727-3607 x5575 Fax: (309) 852-3515 Email:
Services Provide	ed:			
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:
Adult?	Yes	All evaluation provider qualifications?	No	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name Main Office	ce Address:	Jeffrey P. L. Sim 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: (309) 852-4601 Fax: (309) 852-3719
Services Provide	ed:			Email: jeff.sim@doc.illinois.gov
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses: IL LCP #071-007028
Adult?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





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Alternative Behavior Treatment Centers (ABTC)

Alternati	ve Behav	rior Treatment Centers (AB	TC)			
Name ₋ Main Offi	ce Address:	Kenneth G. Queen 27255 N. Fairfield Road		Phone: Fax:	. ,	852-3651 852-3515
Services Provide	ed:	Mundelein, IL 60060		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		II LPC 178-004103
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name Main Offi	ce Address:	Maxine Ross (IDOC)		Phone:	(309)	852-3651
		2021 Kentville Road, P. O. Box 518		Fax:		852-3515
Services Provide	ad·	Kewanee, IL 61443		Email:	, ,	
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:		•
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
			103			
DWIGHT C	orrection	nal Center				
Name Main Offi	ce Address:	Patrick J. Horn, Ph.D.		Phone:	(815)	584-2806 x2237
		23813 E. 3200 North Road Dwight, IL 60420		Fax:	(815)	584-3010
Services Provide	ed:	Dwight, IL 00420		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language(. ,	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		Ph.D., IL LCP
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Illinois Y	outh Cen	ter (IYC) - Joliet				
Name Main Offi		Larry Collins		Phone:	(815)	725-1206
INAME MAIN OM	oc Address.	2848 W. McDonough Street		Fax:		725-7819
		Joliet, IL 60436		Email:	(010)	725-7015
Services Provide				Language('s).	English
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses:	ω,.	None
Treatment?	No	All treatment provider qualifications?	No	Liconoco.		110110
Adult ?	No	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dhana	(045)	705 4000
Name Main Offi	ce Address:	Steve Eisenberg 2848 W. McDonough Street		Phone:		725-1206
		Joliet, IL 60436		Fax:	` '	725-7819
Services Provide				Email:		enberg@aol.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(. ,	English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:		IL LCPC 180-004513
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name Main Offi	ce Address:	Dr. Heidi Harlow		Phone:		725-1206
		2848 W. McDonough Street Joliet, IL 60436		Fax:	(815)	725-7819
Services Provide	ed:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language(. ,	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		LCP
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name Main Offi	ce Address:	Robert Patrick, Psy.D.		Phone:	(815)	725-1206
		2848 W. McDonough Street Joliet, IL 60436		Fax:	(815)	725-7819
Services Provide	ed:	JUIGI, IL JUTOU		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment?	No	All treatment provider qualifications?	No	Licenses:		IL LCP-071-004690
		· ·				
Adult ?	No	All evaluation provider qualifications?	No			





Stateville	e - North	ern Reception & Classificat	ion C	Center (NRC)
Name _Main Off	ice Address:	Charles R. Bartels 900 Ogden Avenue, Suite 214 Downers Grove, IL 60515		Phone: (815) 727-7801 Fax:
Services Provid	led:			Email:
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses:
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile?	No	All applicant attestation qualifications:	Yes	
Name Main Off Services Provide		James Corcoran, M.D. 900 Ogden Avenue, Suite 214 Downers Grove, IL 60515		Phone: (630) 784-3898 Fax: (630) 784-3899 Email:
		Duridan Masta tha fallantian analifications		Language(s): English , Spanish
Evaluations?	Yes	Provider Meets the following qualifications:	Nia	Licenses: IL Physician #036-088292, General Psychiatry
Treatment?	No	All treatment provider qualifications?	No	Board Certification #41669, Forensic Psychiatry
Adult ?	Yes	All evaluation provider qualifications?	Yes	Board Certification #0919
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dhama. (045) 707 C444 1457
Name _Main Off		Dr. Richard Ibe Route 53, P.O. Box 112 Joliet, IL 60434		Phone: (815) 727-6141 x457 Fax: (815) 727-1570 Email: ribe@idoc.state.il.us
Services Provid				Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses: DABPS (Forensics)
Treatment?	No	All treatment provider qualifications?	No	Licenses. DADFS (Forensics)
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile?	No	All applicant attestation qualifications:	Yes	
Stateville	e Correct	ional Center		
Name Main Off		Dr. Wendy Blank-Navarro Route 53, P.O. Box 112 Joliet, IL 60434		Phone: (630) 983-6231 Fax: (630) 983-3589 Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	No	5 .	No	Licenses: IL LCP, #071-006119
Adult?		All treatment provider qualifications?		
	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	DI (0.45) 707 0007 5540
Name Main Off	ice Address:	Dr. Wayne H. Fink Route 53, P.O. Box 112		Phone: (815) 727-3607 x5546
		Joliet, IL 60434		Fax:
Services Provid	led:			Email:

Williamson

Adult?

Juvenile?

Evaluations?

Treatment?

Yes

No

Yes

No

Illinois Youth Center (IYC) - Murphysboro

Provider Meets the following qualifications:

All treatment provider qualifications?

All evaluation provider qualifications?

All applicant attestation qualifications:

Name _Main Off	fice Address:	Leslie K. Dierks 636 Elza Brantley Drive Murphysboro, IL 62966		Fax: ((618) 684-8500 x2226 (618) 684-2919
Services Provid	Services Provided:			Email:	
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s	,
Treatment?	No	All treatment provider qualifications?	No	Licenses:	CADC
Adult?	No	All evaluation provider qualifications?	No		
Juvenile?	Yes	All applicant attestation qualifications:	Yes		

No

Yes

Yes

Language(s):

Licenses:

English

IL LCP-#071-005384





Williamson

Illinois Youth Center (IYC) - Murphysboro

Name _Main Office Address:		Donald E. Julian 636 Elza Brantley Drive Murphysboro, IL 62966	F	Fax: (61	Fax: (618) 684-2919	
Services Provided:				Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): Licenses:	English IL LCPC- #180-002483, CCJP	
Treatment?	Yes	All treatment provider qualifications?	No			
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			
Name Main Office Address:		Mark A. Pearson, M.A. 636 Elza Brantley Drive Murphysboro, IL 62966		Fax:	8) 684-8500	
Services Provided:				Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): Licenses:	English	
Treatment?	No	All treatment provider qualifications?	No			
Adult ?	No	All evaluation provider qualifications?	No			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			